Serial

# FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	April 30, 2008						
Estimated average	age burden						
hours per respo	onse 16.00						

SEC USE ONLY

Prefix

	UNIFORM LIMITED OFFERING EXEMPT	YON DATE RECEIVED
Name of Offering ( Check if the LLC Units Offering	is is an amendment and name has changed, and indicate change.)	Mail Processing Section
Filing Under (check box(es) that apply Type of Filing: New Filing		tion 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested abo		- Marin
Alpha Theory, LLC	an amendment and name has changed, and indicate change.)	Washington, DC
Address of Executive Offices	(Number and Street, City, State, Zip Code)	
2201 Coronation Blvd., Suite 140		(704) 844-1018
Address of Principal Business Operati (If different from Executive Offices)	ons (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Development and marketing of in	vestment software.	JAN 2 5 2008
Type of Business Organization  corporation	☐ limited partnership, already formed	▼ THOMSUN ✓ other (please specify): FIDANCIAL
☐ business trust	☐ limited partnership, to be formed	company
Actual or Estimated Date of Incorpora		Actual Estimated
Jurisdiction of Incorporation or Organ	ization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	: NC

#### GENERAL INSTRUCTIONS

#### Federal

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state—law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

<u></u>			IFICATION DATA			
2. Enter the information requ		•				
<ul> <li>Each promoter of the issue</li> </ul>	er, if the issuer has t	been organized within the p	past five years;			
<ul> <li>Each beneficial owner ha more of a class of equity s</li> </ul>			he vote or disposition of,	10% or		
<ul> <li>Each executive officer and</li> </ul>	director of corpora	ite issuers and of corporate	general and managing pa	rtners of partners	ship issi	uers; and
<ul> <li>Each general and managing</li> </ul>	g partner of partner	ship issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	$\boxtimes$	General and/or Managing Partner
Full Name (Last name first, if i Hight, Cameron	ndividual)				u	
Business or Residence Address 2201 Coronation Blvd., Suit		· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if i Huffman, David	ndividual)					
Business or Residence Address 13154 Pavilion Lane, Fairfa	•	t, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if i WAZO, LLC	ndividual)					
Business or Residence Address 1501 Independence Road, C		• • • •				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				-
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if it	ndividual)					
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				-
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if it	ndividual)					
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				
(Lise blank sheet or convia	d use additional	nonius of this sheet, as n	ececcom/\			

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#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ■ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter ■ Beneficial Owner ■ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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					В.	INFORMAT	TON ABOU	T OFFERIN	G				
1.	Has th	e issuer sol	d, or does the	e issuer intend Ans				this offering?				Yes	No ⊠
2.	What is	s the minim	um investme	nt that will be	e accepted fro	om any indivi	idual?		,			\$ 5,000	
3.	Does t	he offering	permit joint	ownership of	`a single unit	?	·····		,			Yes	No ⊠
	sion or to be l list the or deal	r similar re listed is an e name of ler, you ma	muneration for associated paths the broker or yet forth the	ed for each pe or solicitation person or age dealer. If n e information	of purchases nt of a broke nore than five	rs in connecti er or dealer r e (5) persons	ion with sales egistered wit to be listed	of securities h the SEC a	in the offerind/or with a	ng. If a perso state or state	on S,		
Full I	Name (	Last name	first, if indivi	idual)									
Busin	ness or	Residence	Address (Nu	mber and Stre	eet, City, Stat	e, Zip Code)	-					<u>.</u>	
Name	e of As	sociated Ba	roker or Deal	er		_							<del></del>
				Solicited or In		eit Purchaser	s						
C) [A] 🗖		All States"	or check indi	ividual States	) [CA]	[CO]	(CT]	☐ [DE]	☐ [DC]		☐ [GA]	□ □ [HI] □	All States
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□ [M	*	[NE]	□ [NV]		[נא]	[MM]	□ [NY]	□ [NC]	☐ [ND]	□ [OH]	□ [OK]		
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run	Name	(Last nan	me mst, m m	idividuai)					_				
Busi	ness o	r Residen	ce Address	(Number an	d Street, Ci	ty, State, Zi	p Code)						
Nam	e of A	ssociated	Broker or I	Dealer						•			
				Solicited or In		cit Purchaser	s						All States
(AI   [AI   [IL]   [M]   [RI	_] ] T]	[AK]   [IN]   [NE]   [SC]	[AZ]   [IA]   [NV]   [SD]	☐ [AR] ☐ [KS] ☐ [NH] ☐ [TN]	[CA]   [KY]   [NJ]   [TX]	[CO]   [LA]   [NM]   [UT]	(CT)   (ME)   (NY)   (VT)	DE] [MD] [NC]	[DC]   [MA]   [ND]   [WA]	[FL]   [MI]   [OH]   [WV]	[GA]   [MN]   [OK]   [WI]	[HI]     [MS]     [OR]	(ID)   [MO]   [PA]
Full i	Name (	Last name	first, if indiv	idual)			···········	,,					
Busir	iess or	Residence	Address (Nu	mber and Stre	eet, City, Stat	e, Zip Code)							
Name	e of As	sociated Bi	roker or Deal	er									
				Solicited or In ividual States		cit Purchasers	s						All States
(C   [AL   [IL]   [M'   [RI	-) } [}	[AK]	[AZ]   [IA]   [INV]   [SD]	(AR)	[CA]   [KY]   [NJ]   [TX]	☐ [CO] ☐ [LA] ☐ [NM] ☐ [UT]	☐ {CT} ☐ [ME] ☐ [NY] ☐ [VT]	DE) [MD] [NC]	[DC]   [MA]   [ND]   [WA]	[FL]   [MI]   [OH]   [WV]	GA] [MN] [OK] [WI]	[HI]     [MS]     [OR]	□ (ID) □ (MO) □ (PA)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS	
Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	0	\$ 0
Equity		\$ 0
☐ Common ☐ Preferred		
Convertible Securities (including warrants)\$	0	\$ 0
Partnership Interests\$	0	\$ 0
Other (Specify LLC Units )	1,000,000	\$ 611,500
Total\$	1,000,000	\$ <u>611,500</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero"	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	19	\$ 611,500
Non-accredited Investors	0	_ <b>s</b> _0
Total (for filings under Ruler 504 only)	0	\$ 0
Answer also in Appendix, Column 4, if filing under ULOE.		_
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of Security	Dollar Amoun Sold
Type of offering		33.3
Rule 505	0	<b>s</b> 0
Regulation A	0	s 0
Rule 504		• •
Total	0	_ s <u> </u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees		\$ 10,000
Accounting Fees		\$
Engineering Fees		
Sales Commissions (specify finders' fees separately)		
Other Expenses (identify)		\$
Total		

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C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND U	JSE OF F	PROCEEDS		
b. Enter the difference between the aggregate offertion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference is the			\$	990,000
used for each of the purposes shown. If the amoun estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth in r	nt for any purpose is not known, furnish an e. The total of the payments listed must equal				
, , ,	•	I	Payments to		
		I	Officers, Directors, & Affiliates		Payments To Others
Salaries and fees		<b>⊠</b> \$ <u>2</u>	200,000	⊠ s	100,000
Purchase of real estate		<b>□</b> \$ _		□\$	
Purchase, rental or leasing and installation of ma	chinery and equipment	□s_		<b>⊠</b> \$	100,000
Construction or leasing of plant buildings and fac	cilities	<b>□</b> \$_		<b>□</b> \$	
Acquisition of other business (including the valu	e of securities involved in this				
offering that may be used in exchange for the ass issuer pursuant to a merger)		<b>□</b> \$		<b>□</b> \$	
Repayment of indebtedness		□s		<b>□</b> \$	
Working capital.					590,000
				_ □ \$	
				-	
		.□ \$		<b>□</b> \$	
Column Totals		⊠ \$ 2	200,000	<b>⊠</b> \$	790,000
Total Payments Listed (column totals added)		<u></u>	<b>⊠\$</b> 99	0,000	
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signe- following signature constitutes an undertaking by to quest of its staff, the information furnished by the iss	the issuer to furnish to the U.S. Securities and	d Exchan	ge Commissi	on, upoi	ule 505, the n written re-
Issuer (Print or Type) Alpha Theory, LLC	Signature / / / / / / / / / / / / / / / / / / /	•	Date January	, 14, 20	008
Name of Signer (Print or Type) Cameron Hight	Title of Signer (Print or Type) Manager				

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions  Yes of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the dersigned duly authorized person.
	Date Januaray 1 2008
	me of Signer (Print or Type) Title (Print or Type) Manager  Title (Print or Type)  Manager

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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## APPENDIX

State AL	(Part B-	in State Item 1)	offering price offered in state (Part C-Item 1)		an c			explanat	attach
AL	Yes				Type of investor and amount purchased in State (Part C-Item 2)				
AL	Yes_			Number of Accredited		Number of Non-Accredited			
		No		Investors	Amount	Investors	Amount	Yes	No
. 1							·····		
AK									
AZ									
AR							· · · · · · · · · · · · · · · · · · ·		
CA		X	LLC Units; \$200,000	l	\$200,000	0	\$0		х
СО									
СТ		X	LLC Units; \$50,000	1	\$15,000	0	\$0		х
DE									
DC									
FL									
GA		,			, , , , , , , , , , , , , , , , , , , ,				
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## APPENDIX

i	2 3				5 Disquali				
	investors	o sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE									
NV									
NH									
NJ									
NM		<u></u>			_				
NY		Х	LLC Units; \$25,000	2	\$15,000	0	\$0		х
NC		х	LLC Units; \$700,000	13	\$371,500	0	\$0		х
ND									
ОН					<u>-</u>				
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
тх									
UT									
VT									
VA									
WA									
wv		х	LLC Units; \$25,000	2	\$10,000	0	\$0		х
WI	<u> </u>								
WY					,	<u> </u>			
PR									

